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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

4

Application Number

10/506,522

Filing Date

September 3, 2004

First Named Inventor

Guy LaTORRE

Art Unit

Unassigned

Examiner Name

Unassigned

Attorney Docket Number

USB.10279

ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
☐ Fee Attached
- ☐ Amendment/Reply
☐ After Final
☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
☐ Express Abandonment Request
☒ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
☐ Reply to Missing Parts/
Incomplete Application
☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a
Provisional Application
☐ Power of Attorney, Revocation
Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s) _____
☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
☐ Appeal Communication to Board
of Appeals and Interferences
☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☐ Other Enclosure(s) (please identify
below):

Remarks

The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218. This paper is submitted in duplicate.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------|----------|--------|
| Firm Name | Hutchison & Mason PLLC | | |
| Signature | <i>Mary B. Grant</i> | | |
| Printed name | Mary B. Grant | | |
| Date | 3/30/05 | Reg. No. | 32,176 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Jennie P. Sneed

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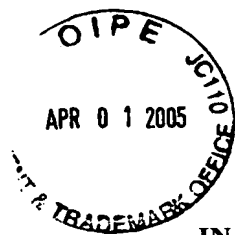
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Date

3/30/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent
Attorney Docket No. USB.10279

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Guy LaTORRE et al.

Application No.: 10/506,522

Group Art Unit: Unassigned

Filing Date: September 3, 2004

Examiner: Unassigned

Title: Methods of Treating Hair

Confirmation No.: Unassigned

SECOND INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. A copy of the document cited and required by 37 C.F.R. § 1.98 is enclosed.

To assist the Examiner, the document is listed on the attached form PTO/SB/08. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The cited document is being submitted within three (3) months of the filing or entry of the national stage of this application or before the first Office Action on the merits, whichever is later. Since the document is being filed within the time period set forth in 37 C.F.R. § 1.97(b), no fee or statement is required.

The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218.

Respectfully submitted,

HUTCHISON & MASON PLLC

Date: 3/30/05

By: Mary B. Grant
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Jennie Snead
(Typed Name of Person Signing Certificate)

(Signature of Person Signing Certificate)

Date of Signing: 3/30/05

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PTO/SB/08A(08-03)

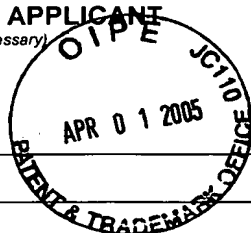
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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)



Complete if Known

Application Number 10/506,522

Filing Date September 3, 2004

First Named Inventor LaTORRE, Guy

Group Art Unit Unknown

Examiner Name Unknown

Sheet 1 of 1

Attorney Docket No: USB.10279

US PATENT DOCUMENTS

| Examiner Initial * | USP Document Number | Publication Date | Name of Patentee or Applicant of cited Document |
|--------------------|---------------------|------------------|---|
|--------------------|---------------------|------------------|---|

FOREIGN PATENT DOCUMENTS

| Examiner Initials* | Foreign Document No | Publication Date | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | Abstract, Translation, English Language Equivalent or Search Report |
|--------------------|---------------------|------------------|---|---|
| | WO-01/72262 | 10/04/2001 | | |
| | | | | |

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

| Examiner Initials* | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | Abstract, Translation, English Language Equivalent or Search Report |
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| | | |

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached